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Country programme recommendation**

Mozambique

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Mozambique for the period 2002 to 2006 in the amount of $36,288,000 from regular resources, subject to the availability of funds, and $50,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. According to official projections based on the 1997 census, the population of Mozambique in 2001 reached 17.6 million, more than one half of whom are under 18 years old. The census also revealed that Mozambique continues to have high infant and under-five mortality rates (IMR and U5MR), at 146 and 246 per 1,000 live births, respectively. The major features of the situation of children and women remain essentially as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2000/P/L.6). A few developments, however, have taken place since then.

2. Mozambique experienced yet another flood emergency in 2001, this time affecting the four central provinces. Forty-seven people died, 500,000 were affected and up to 250,000 displaced (of whom 50,000 were children under five years old and 25,000 pregnant or lactating women). Nevertheless, in 2001, the Government demonstrated increased capacity to coordinate efforts, and partners were also able to respond more effectively, due mainly to contingency planning.

3. The number of HIV sentinel surveillance sites has been increased, allowing for a more representative sample. Preliminary results imply that HIV prevalence in the central provinces, already Mozambique's highest, have increased further. The southern provinces, previously thought to be the least affected, have also shown a significant increase.

Programme cooperation, 1999-2001

4. The past programme of cooperation (E/ICEF/1998/P/L.23) aimed to strengthen national capacities to fulfil children's rights at community, service provider, district, province and national levels. This was operationalized through five programmes: child rights mobilization and protection, health and nutrition; basic education; water sanitation and hygiene promotion (WSHP); and country programme support. Key strategies were to position children and women at the centre of the Mozambican agenda, increase access to quality services, and strengthen family and community capacities to protect, nurture and care for children.

5. HIV/AIDS prevention and care was a priority. Advocacy and technical support contributed to the development of Mozambique's first multisectoral National HIV/AIDS Strategic Plan. Agreement was reached to integrate HIV/AIDS fully in the education curriculum by 2004.

6. Community capacity development (CCD) efforts have expanded through a community-based malaria prevention and treatment package targeted to over 3 million people, and through the development and use of participatory methodologies for hygiene promotion. Other notable achievements included passage of a law on mandatory iodation of salt, approval of a breastmilk marketing code, increased coverage of vitamin A supplements, and successful National Immunization Days for polio eradication, with over 95 per cent coverage in 1999 and 2000.

7. The devastating floods in 2000 and 2001 dominated a large part of the country programme. However, rapid actions were taken to ensure that measles and cholera epidemics or outbreaks were avoided; nutritional status was protected through assessment and supplementary or therapeutic feeding; children were reunified with their families; and basic services in health, water, sanitation and education were re-established.

Lessons learned from past cooperation

8. Lessons learned from past cooperation remain essentially the same as described in the country note.

Recommended programme cooperation, 2002-2006

Regular resources: $36,288,000

Other resources: $50,000,000

Recommended programme cooperation[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Basic education	7 218	11 800	19 018
Health and nutrition	7 031	12 280	19 311
Water, sanitation and hygiene promotion	5 677	10 320	15 997
Special protection	4 298	9 800	14 098
Social policy, advocacy and communication	3 345	2 500	5 845
Cross-sectoral costs	8 719	3 300	12 019
Total	**36 288**	**50 000**	**86 288**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

9. The country programme was prepared under the overall coordination of the Ministry of Foreign Affairs and Cooperation (MFAC). National and international partners were fully involved since September 2000, when working groups were formed to develop the different components of the programme. The draft strategy paper was reviewed at an October 2000 meeting attended by 83 participants from the Government, the United Nations, donors, non-governmental organizations (NGOs) and the media. The country note was reviewed by the UNICEF Executive Board in January 2001. Comments from the Board were reviewed, and suggestions for a more rights-based approach to education, as well as for further involvement in sector-wide approaches (SWAPs), are incorporated in the master plan of operations and the present country programme recommendation. The country programme and United Nations Development Assistance Framework (UNDAF) processes were linked through a series of consultations with United Nations teams to ensure harmonization and complementarity of strategies. The UNDAF and United Nations agency programmes for 2002-2006 were presented and endorsed at a stakeholders' meeting chaired by the Minister of Foreign Affairs and Cooperation in which 200 national and international partners participated.

Country programme goals and objectives

10. The overall goal of the country programme is to strengthen Mozambique's commitment and capacity to promote, protect and fulfil children's and women's rights. The country programme aims to contribute to the achievement of national goals and targets set out in the Government of Mozambique's Absolute Poverty Reduction Plan (PARPA), which also serves as the country's Poverty Reduction Strategy Paper.

11. To this end, the country programme is designed to support national efforts to: (a) reduce IMR and U5MR; (b) improve maternal health and reduce maternal mortality; (c) reduce infant, young child and maternal malnutrition; (d) prevent HIV infection and care for those affected and infected; (e) strengthen capacities to promote, protect and fulfil children's right to education, and expand opportunities to ensure that they reach their full potential; (f) provide children with the skills, knowledge and confidence to manage life's challenges, and fully participate in Mozambique's development; (g) strengthen capacities to reduce vulnerability and ensure special protection and care measures for children at risk and living in especially difficult circumstances; and (h) avert widespread humanitarian crises through improved preparedness and rapid response.

Relation to national and international priorities

12. The proposed programme supports Mozambique's commitments to the fulfilment of children's and women's rights as set out in the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the African Charter on the Welfare and Rights of the Child. The programme's emphasis on improving access to, and quality of, basic social services, and the focus of its interventions on the most vulnerable areas of Mozambique is also consistent with the PARPA priorities and targets. The programme will support the ongoing development and implementation of SWAPs in the health, education and water sectors, emphasizing attention to Mozambique's commitments to human rights and poverty reduction. The 2002-2006 UNDAF provides common United Nations goals, priorities and coordination modalities, which will guide this programme of cooperation between the Government of Mozambique and UNICEF. Support to the fight against HIV/AIDS and the promotion of girls' education, the two main thrusts of UNDAF, are among the overarching priorities of this programme of cooperation.

13. The 2002-2006 programme of cooperation is fully in line with the medium-term strategic plan, the Global Agenda for Children and regional priorities: HIV/AIDS, early childhood development (ECD); and girls' education. The Government of Mozambique/UNICEF programme views Immunization Plus as an integral part of ECD given the need to address young children's multidimensional needs in a holistic manner. The protection of children and women against violence and abuse is also an important cross-cutting priority within the programme.

Programme strategy

14. The strategies of the 2002-2006 programme of cooperation have been developed taking into account a human rights approach to programming. The programme recognizes that while the family and community have a central role and

responsibility in the protection and fulfilment of children's and women's rights, their capacity to effectively contribute to the well-being of children and women is greatly influenced by important external factors, including the availability and quality of essential services, efficient support systems at district and provincial levels, societal values, laws, political and social organizations, social and economic policies, and the availability and use of resources at all levels. For the rights of children and women to be realized, it is therefore essential that efforts to empower families and communities be supported and reinforced by actions to increase commitments and capacity of duty bearers at all levels.

15. In support of this human rights approach to programming/CCD approach, five mutually reinforcing strategies will be used throughout the programme. At the national level, the programme will aim to create an enabling environment through policy development and advocacy, both focusing on raising the profile of children's and women rights in the public arena. At subnational level, in line with the Government's decentralization policy and poverty eradication strategy, the programme will support capacity-building for quality and sustainable service delivery, emphasizing planning, management and implementation, as well as material support; and capacity development at the community level to empower families and communities with knowledge and skills to protect and fulfil children's and women's rights. The final strategy, communication, will be supported at both levels.

16. Four key human rights principles underlie this country programme. The principle of universality will be applied through an emphasis on disparity reduction. The principle of indivisibility is reflected in the programme's holistic approach to the fulfilment of the rights of children and women. Working with the Government and NGOs, the programme will seek to promote and facilitate the participation of children, youth and women through community actions. Accountability will be strengthened through increased awareness and capacity-building of duty bearers of children's and women's rights at all levels.

17. Geographic coverage of the programme has been determined based on indicators of vulnerability directly linked to the three overarching programme outcomes: HIV/AIDS; early childhood care and development (ECCD); and girls' education. Attention to gender disparity and the needs and rights of the most vulnerable groups is also in-built throughout the programme.

18. Cognizant of Mozambique's vulnerability to natural disasters, the programme of cooperation is designed with a built-in capacity to better prevent, prepare for and respond to emergencies based on lessons learned from the recent flood and cyclone emergencies. The programme will work to build capacities and directly support improved preparedness, including epidemic surveillance, early warning systems, vulnerability mapping and stockpiling of emergency supplies in accessible locations. When emergencies do arise, the programme will support all core commitments. The programme will take into account the particular needs and rights of girls and women during emergencies, including the active participation of women in the management and distribution of humanitarian assistance.

19. The proposed programme of cooperation will be supported through six programmes: (a) basic education; (b) health and nutrition; (c) WSHP, (d) special protection; (e) social policy, advocacy and communication; and (f) cross-sectoral support. Each programme will contribute towards the following three priority outcomes: (a) HIV/AIDS prevention and care; (b) ECC; and (c) girls' education. In HIV/AIDS, UNICEF will support a multisectoral response to increase

understanding, commitments and capacities at all levels so as to: (a) reduce HIV infection among adolescents and through mother-to-child transmission (MTCT); (b) ensure the care, support and protection of orphans and children made vulnerable by HIV/AIDS; and (c) ensure the care, support and protection of children and parents living with HIV/AIDS. In ECC, the aim is to support actions which go beyond sectoral concerns to address young children's multidimensional needs in a holistic manner, resulting in improved nutritional status. To promote girls' education, emphasis will be placed on increasing access to and the quality of education and addressing key social, cultural and economic factors within and beyond the education, sector that inhibit girls from enjoying their rights to education. Specific attention will be paid to address cross-sectoral constraints to girls' education, such as water supply and sanitation facilities in schools and the nutrition and health of adolescents.

20. **Basic education**. This programme will promote girls' education as a vanguard for quality and standards, the improvement of curricula and teaching methods, the child-friendliness of schools, and resource mobilization and advocacy for all children. As part of efforts to prevent HIV infection among young people, the programme will support in- and out-of school activities to equip adolescents with life skills to make informed and healthy choices regarding their sexuality and reproductive life. The programme supports rapid responses in emergencies to ensure that educational activities are restored as early as possible.

21. The policy and planning project will support the development of gender sensitive curricula, including information and life skills for the prevention of sexually transmitted diseases (STDs), including HIV. UNICEF will complement the efforts of other SWAP partners by feeding into the policy process lessons learned from field experiences, in particular proven strategies to promote girls' education, life skills for HIV prevention and CCD.

22. The access to quality education project will assist provinces, districts, school development clusters and communities to plan, monitor and coordinate gender-responsive education programmes; train more teachers; and strengthen community participation in school management. Girls' education will be promoted through sensitization of parents, communities and teachers; recruitment of more female teachers; and expansion and strengthening of community/school committees.

23. The life skills education for out-of-school children project will provide technical assistance to the Ministry of Youth and Sports for the development of gender-sensitive policies and programming to support HIV prevention activities for out-of-school youth. Subnational government and civil society partners, including youth, will be assisted to develop, implement and monitor youth programmes. Youth opinion leaders, both female and male, will be trained to serve as peer educators to reach out-of-school young people with life skills and STD and HIV prevention information. Communication initiatives will be supported to promote an environment that is safe for children, appreciative of young people's assertiveness, and supportive of their efforts to remain free from STDs and HIV.

24. Contributions of this programme to ECC and development include life skills and school health components, which will lead to better parenting skills when young people become parents themselves.

25. **Health and nutrition**. This programme will work to promote sustainable improvements in the health, nutrition and well-being of children, adolescents and women through increased coverage and quality of essential health services and the

promotion of positive health-seeking behaviours. The programme will support emergency preparedness and response through contingency planning, stockpiling, prevention and control of epidemics, maintenance of essential health services, and prevention and treatment of malnutrition among children under five years old and pregnant and lactating women.

26. The health policy and systems development project will support the operationalization of the health SWAP, including strategic planning, policies and quality assurance guidelines to improve access to health services, including a minimum package for children and women. The capacity of provincial and district health teams to work with NGOs and promote participatory approaches and community action in health will also be supported.

27. The young child nutrition, health and development project will train extension workers to use participatory approaches to support family and community care practices, including breastfeeding; the management of common childhood diseases, especially malaria; the use of insecticide-treated nets and; good nutrition and hygiene practices. Policy development, training, equipment and supply support will cover immunization, malaria control, infant feeding, vitamin A supplementation, anaemia control, reduction of iodine deficiency and prevention and treatment of malnutrition. In-service Integrated Management of Childhood Illness training will be supported, as well as district- and micro-planning of health services with community involvement, especially women. Emphasis will be placed on reaching underserved populations and vulnerable groups. Care for HIV-infected children will be supported. Improved nutritional status will be one of the major outcomes of the project.

28. The adolescent's and women's health project will support training, communication equipment and supplies for (a) preventative health services and promotion in primary schools; (b) youth-friendly health services (YFHS); (c) community-level support for maternal mortality reduction; (d) improved basic obstetrical care; (e) improved nutrition for women of child-bearing age, including anaemia control, multi-micronutrient supplementation and intermittent malaria therapy for pregnant women; and (f) delivery of a comprehensive package for prevention of MTCT of HIV. The project will include counselling and support for victims of sexual violence or other forms of abuse, and home-based care for women living with AIDS. Collaboration with the United Nations Population Fund (UNFPA) is planned in the areas of maternal health and YFHS.

29. The country programme priority of ECCD is supported by the health and nutrition programme with its focus on the major childhood killers, especially malaria, and well as through the care and nutrition components. Girls' education is supported through attention to school health and YFHS.

30. **WSHP**. This programme will support morbidity and mortality reduction, and promote girls' education through improved water, sanitation and hygiene in schools and within communities. Emergency preparedness and response will be supported through pre-emergency stockpiling of equipment and supplies to improve the sanitation and hygiene situation of affected people during emergencies. The project on policy and planning for integrated WSHP will support the Ministry of Public Works to develop and implement national strategies for integrated water, sanitation and hygiene promotion, plan for the impact of HIV/AIDS on the sector and ensure that these plans and strategies are reflected in the SWAP. The project will support the establishment of an intersectoral steering committee for WSHP, which will be

assisted to develop standards, regulations and guidelines, and improve data collection and monitoring systems to better measure outcomes for children.

31. The access to rural WSHP project will strengthen the capacities of Zambezia and Nampula provinces to plan, manage and monitor implementation of decentralized and integrated WSHP, improving community hygiene behaviours linked to access to improved water and sanitation facilities. Technical and equipment support will be provided to the school health programme for improved infrastructure and WHSP, activities.

32. The access to urban and peri-urban WSHP project will provide capacity-building support to Maputo, Beira, Quelimane and Nampula municipalities to assess and analyse the causes of cholera and diarrhoeal diseases, and to develop a participatory action plan to improve access to water, sanitation and improved hygiene practices. Communication will be supported to promote improved sanitation and hygiene practices, prevention and management of diarrhoea; and actions to expand access to safe excreta disposal. Increased involvement of the private sector will be encouraged to improve access to safe excreta disposal facilities.

33. The contributions of the WSHP programme to the three country programme priorities include interventions to improve positive hygiene practices, decrease diarrhoeal illnesses, increase access to safe water and sanitation, and promote health and hygiene in schools.

34. **Special protection**. This programme will support children and women marginalized by HIV/AIDS, children with disabilities, children and women subjected to abuse and discrimination, sexually exploited children, children involved in harmful labour and children in conflict with the justice system.

35. The legal reform and policy development project will assist partners to strengthen the policy, legislative and regulatory framework for children and women to ensure compliance with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other human rights instruments. Counterparts will be supported to develop and improve policies and guidelines on inheritance rights, juvenile justice, orphans and other vulnerable children, violence against children and women, and child labour.

36. The project on capacity-building for special protection and care will provide training and technical assistance to provincial-and district-level managers to assist them to facilitate participatory CCD processes aimed at reducing the vulnerability of orphans and other vulnerable children. The development of mechanisms for birth registration and monitoring, reporting and following-up on cases of child abuse and similar violations of children's rights will be supported. Violence against girls and women will be addressed through advocacy, support to community action, training of law enforcement officers, and increased access to counselling and legal services. Peer-to-peer strategies will also be used to increase young women's self-confidence and to prevent abuse involving young men and women. The programme will ensure special protection measures are part of any future emergency response specifically in the areas of violence against women and children, care and protection of orphans and other vulnerable children, and family reunification.

37. This programme will make an important contribution to ECCD through attention to children orphaned at an early age to ensure their care, survival and securing of household assets and inheritance. The HIV/AIDS priority is addressed through efforts to improve protection from discrimination, and girls' education through community-based actions to remove barriers to their participation.

38. **Social policy, advocacy and communication**. This programme consists of two cross-sectoral and mutually reinforcing projects designed to support the achievement of the objectives of the other programmes, as well as to promote objectives in their own right in pursuit of the country programme goal and objectives.

39. The social policy, information and monitoring project will support participatory monitoring of the PARPA with the Ministry of Planning and Finance, ensuring the involvement of young people. A broad-based alliance will be mobilized to support the development and monitoring of a new National Plan of Action for Children, based on the outcome of the United Nations General Assembly Special Session for Children. The project will increase attention to children's and women's rights in district and provincial planning through the use of participatory planning methods and improved monitoring. Information systems will be strengthened at national and subnational levels through the inclusion of rights-based indicators, increased disaggregation of data by gender and age, and an emphasis on the collection and use of people-centred rather than facility-level data. The use of this data will be supported through ChildInfo. Community capacities to develop and use information systems will also be supported to increase their participation in planning and development processes, as well as in impact monitoring. Actions to increase the quantity, relevance and quality of research on children's and women's rights will be supported, with a focus on the impact of poverty and HIV/AIDS.

40. The communication project will work to interlink the communication components of all programmes and to develop common strategies around the country programme priorities. Communication strategies will be developed and implemented on the basis of formative research which will help to build an understanding of the methods and communication channels most likely to be effective. Emphasis will be placed on strengthening skills for interpersonal communication at the service provider and community levels. Participatory methods will be promoted at the community level to address the socio-cultural norms and practices which regulate gender roles, relationships and behaviours, and influence the well-being of children and women. Mass communication approaches will also be used. The project will support the establishment of mechanisms, including communication sentinel sites, to monitor the effectiveness of communication content and processes through participatory processes.

41. The social policy, advocacy and communication programme contributes to all three cross-cutting priorities through support to national policy development, monitoring, research and communication.

42. **Cross-sectoral costs** will cover the management and support of the overall country programme, including programme planning, coordination, and information and external relations. Also included are staff costs of the social policy, advocacy and communication programme and the operations group.

Monitoring and evaluation

43. Monitoring, evaluation and research are an integral part of the country programme. The key aspects of monitoring and evaluation include regular programme monitoring, review and evaluation; formative and operational research for programme improvement and advocacy; and capacity-building and systems development for national monitoring of child well-being and implementation of the Convention on the Rights of the Child. An integrated monitoring, evaluation and

research plan has been developed to support the programme, which will be updated yearly. Programme monitoring will be supported by the development and review of annual programme and project indicators. Evaluation activities will include programme reviews and impact evaluations, with an emphasis on the three priority areas of the country programme: ECCD, HIV/AIDS; and girls' education. Research will be supported to develop or improve programmatic thrusts and to provide information for advocacy.

Collaboration with partners

44. Within the United Nations system, UNDAF will serve as a framework of improved inter-agency coordination. UNICEF is an active member of the Country Management Team, the Disaster Management team and all theme groups. The Canadian International Development Agency (CIDA) is a major partner in gender and education. In health and nutrition, cooperation is expected to continue with the Global Alliance for Vaccines and Immunization (GAVI), the Gates Foundation, the Government of Norway, The Department for International Development (DfID) (United Kingdom) and the United States Agency for International Development (USAID) for vaccine funding; with DfID for malaria, and with the World Health Organization and UNFPA in common technical areas. The WSHP programme expects to continue collaborating with the Government of the Netherlands, Swiss Development Cooperation ,CIDA, DfID, the Japan International Cooperation Agency, Adolescent Development and Participation and Ireland Aid in advocating for the integration of HIV/AIDS, gender, decentralization and capacity development in sector strategies. Collaboration initiated under the previous programme will continue with DfID on capacity building support to the National AIDS Council, and with the United Nations Development Programme on poverty monitoring. Across all sectors, collaboration with bilateral and multilateral partners will continue for SWAPs, and the development and implementation of common approaches in emergencies.

Programme management

45. The Ministry of Foreign Affairs and Cooperation is responsible for the coordination of the Government of Mozambique/UNICEF country programme. To support the Ministry in this task, the Country Programme Coordination Committee (CPCC), chaired by the Ministry, will facilitate coordination between the various governmental, non-governmental, donor and United Nations partners involved in the implementation of the country programme, and will be responsible for reviewing annual plans and progress reports, coordinating the mid-term review and major programme evaluations, and ensuring agreement on recommended annual and mid-course changes and adjustments to the orientation of the country programme. Responsibility for programme management rests with the heads of government ministries responsible for each of the UNICEF-assisted programmes. Internal multisectoral task forces will be established to coordinate actions in support of the three overarching country programme outcomes, and sectoral ministries will be supported to undertake inter- and intra-sectoral planning, monitoring and coordination in support of HIV/AIDS, ECCD and Girls education priorities. Annual project work plans will be prepared following the annual programme review and these will be reviewed in twice yearly, and adjusted accordingly. Emergency contingency plans will also be updated yearly as part of the annual review process.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Mozambique	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	200	(2000)	Very High U5MR
Infant mortality rate	126	(2000)	Very High IMR
GNP per capita	$ 220	(1999)	Low Income
Total population	19.3 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	429	545	635	793
Infant deaths (under 1)	(thousands)	70	76	91	100
Under-five deaths	(thousands)	119	125	149	159
Under-five mortality rate (per 1,000 live births)		278	230	235	200
Infant mortality rate (under 1) (per 1,000 live births)		163	140	143	126

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1995/1997)	Moderate & severe	27	26*
	Severe	11	9*
Babies with low birth weight (%, 1990/1997)		20	12
Primary school children reaching grade 5 (%, 1990/1994)		33	46

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1997)	..	38
Timely complementary feeding rate (6-9 mos.) (%, 1997)	..	87
Continued breast-feeding rate (20-23 mos.) (%, 1997)	..	58
Prevalence of wasting (0-59 mos.) (%, 1995/1997)	8	8*
Prevalence of stunting (0-59 mos.) (%, 1995/1997)	55	36*
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	100
Household consuming iodized salt (%, 1995)	..	62

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1997)		..	49
Routine EPI vaccines financed by government (%, 1999)		..	0
Use of improved drinking water sources (% of population, 2000)	Total	..	57
	Urban/rural	../..	81/41
Use of improved sanitation facilities (% of population, 2000)	Total	..	43
	Urban/rural	../..	68/26
Births attended by trained personnel (%, 1997)		..	44
Maternal mortality rate (per 100,000 live births)		1100	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	62	47	60	79	84
	DPT	56	29	46	57	61
	Polio	32	25	46	56	56
	Measles	32	39	59	61	57
Pregnant women (%) immunized against:	Tetanus	0	0	25	41	53

* Aged 0-35 months.

TABLE 1 (continued)

Mozambique

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1991/1999,1992/1999)	Total	62/38	76/44
	Male	72/42	86/47
	Female	53/33	65/40
Secondary enrolment ratio (gross/net) (%, 1992/1995)	Total	7/ 7	7/ 6
	Male	9/ 8	9/ 7
	Female	5/ 5	5/ 5
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	33	44
	Male/female	49/18	60/28
Radio/television sets (per 1,000 population, 1990/1997)		37/ 3	40/ 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)		9198	11796	13645	17936	18292
Population aged 0-18 years	(thousands)		4489	5943	6885	9043	9231
Population aged 0-5 years	(thousands)		1632	2118	2386	3129	3178
Urban population (% of total)			5.8	13.4	27.7	41.9	43.3
Life expectancy at birth (years)	Total	42	44	44	40	39	
	Male		40	42	42	39	38
	Female		43	45	45	41	40
Total fertility rate			6.6	6.7	6.5	6.2	6.1
Crude birth rate (per 1,000 population)			47	46	47	44	43
Crude death rate (per 1,000 population)			22	21	21	23	23

		About 1990	Most recent
Contraceptive prevalence rate (%, 1987/1997)		4	10
Population annual growth rate (%, 1970-90/1990-99)	Total	2.1	3.4
	Urban	9.8	7.6

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		-4.1	4.1
Inflation rate (%, 1980-89/1990-98)		35	41
Population below $1 a day (%, 1990-99)		..	38
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure, 1987)	Health/education	5**/10**	../..
	Defense	35**	..
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	923	1039
	As % of GNP	76	30
Debt service (% of goods and services exports, 1990/1998)		9	13

**UNICEF field office source.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1999-2001 a/

COUNTRY: MOZAMBIQUE
LATEST BOARD APPROVAL: 1998
REGULAR RESOURCES: $ 20,708,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	1471	4,590	2	0	1,294	798	1,865	2,072	4,632	6,233	7,460	8,700	12,092	14,933
Water, sanitation and hygiene promotion	972	2,363	11	0	459	251	1,260	2,294	2,702	3,500	4,908	7,800	7,610	11,300
Basic education	357	1,847	0	0	549	121	1,268	2,006	2,174	3,500	3,974	7,700	6,148	11,200
Child rights mobilization and protection	541	725	2	0	821	199	1,435	1,277	2,799	3,937	2,201	5,562	5,000	9,499
Cross-sectoral costs	38	394	22	7	1,528	187	524	870	2,112	3,538	1,458	0	3,570	3,538
GRAND TOTAL	3,379	9,919	37	7	4,651	1,556	6,352	8,519	14,419	20,708	20,801	29,762	34,420	50,470

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MOZAMBIQUE
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
BASIC EDUCATION	RR	1,160,000	1,350,000	1,490,000	1,555,000	1,663,000	7,218,000
	OR	2,020,000	2,190,000	2,360,000	2,530,000	2,700,000	11,800,000
	TOTAL	3,180,000	3,540,000	3,850,000	4,085,000	4,363,000	19,018,000
HEALTH AND NUTRITION	RR	1,051,000	1,236,000	1,755,000	1,524,000	1,465,000	7,031,000
	OR	2,058,000	2,646,000	2,547,000	2,573,000	2,456,000	12,280,000
	TOTAL	3,109,000	3,882,000	4,302,000	4,097,000	3,921,000	19,311,000
WATER, SANIT.& HYGIENE PROMOTION	RR	1,223,000	1,123,000	1,123,000	1,124,000	1,084,000	5,677,000
	OR	2,480,000	2,885,000	1,735,000	1,610,000	1,610,000	10,320,000
	TOTAL	3,703,000	4,008,000	2,858,000	2,734,000	2,694,000	15,997,000
SPECIAL PROTECTION	RR	1,322,000	1,106,000	613,000	674,000	583,000	4,298,000
	OR	1,930,000	1,860,000	1,713,000	2,160,000	2,137,000	9,800,000
	TOTAL	3,252,000	2,966,000	2,326,000	2,834,000	2,720,000	14,098,000
SOCIAL POLICY, ADVOCACY & COMM.	RR	825,000	682,000	516,000	620,000	702,000	3,345,000
	OR	560,000	560,000	460,000	460,000	460,000	2,500,000
	TOTAL	1,385,000	1,242,000	976,000	1,080,000	1,162,000	5,845,000
CROSS-SECTORAL COSTS	RR	1,663,000	1,764,000	1,764,000	1,764,000	1,764,000	8,719,000
	OR	660,000	660,000	660,000	660,000	660,000	3,300,000
	TOTAL	2,323,000	2,424,000	2,424,000	2,424,000	2,424,000	12,019,000
TOTAL, PROGRAMME BUDGET	RR	7,244,000	7,261,000	7,261,000	7,261,000	7,261,000	36,288,000
	OR	9,708,000	10,801,000	9,475,000	9,993,000	10,023,000	50,000,000
	TOTAL	16,952,000	18,062,000	16,736,000	17,254,000	17,284,000	86,288,000
STAFF COSTS a/		1,122,983	1,179,819	1,230,946	1,293,168	1,358,737	6,185,653
GENERAL OPERATING COSTS		427,048	424,271	439,000	468,200	437,400	2,195,919
TOTAL, ESTIMATE SUPPORT BUDGET		1,550,031	1,604,090	1,669,946	1,761,368	1,796,137	8,381,572
GRAND TOTAL		18,502,031	19,666,090	18,405,946	19,015,368	19,080,137	94,669,572

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MOZAMBIQUE
PROGRAME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
BASIC EDUCATION	7,218,000		7,218,000	0	0	1	0	1	0	2	1	2	5	1,495,133	438,192	1,933,325
HEALTH AND NUTRITION	7,031,000		7,031,000	0	0	1	1	0	0	2	0	2	4	1,701,873	227,053	1,928,926
WATER, SANIT.& HYGIENE PROMOTION	5,677,000		5,677,000	0	0	1	0	0	0	1	1	2	4	885,930	438,192	1,324,122
SPECIAL PROTECTION	4,298,000		4,298,000	0	0	0	1	0	0	1	0	2	3	815,943	227,053	1,042,996
SOCIAL POLICY, ADVOCACY & COMM.	3,345,000		3,345,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	8,719,000		8,719,000	0	0	0	3	1	1	5	5	21	31	3,614,738	2,739,615	6,354,353
TOTAL RR	36,288,000		36,288,000	0	0	3	5	2	1	11	7	29	47	8,513,617	4,070,105	12,583,722
OTHER RESOURCES :																
BASIC EDUCATION		11,800,000	11,800,000	0	0	0	0	0	0	0	1	2	3	0	382,356	382,356
HEALTH AND NUTRITION		12,280,000	12,280,000	0	0	0	1	2	0	3	3	5	11	2,034,349	1,097,511	3,131,860
WATER, SANIT.& HYGIENE PROMOTION		10,320,000	10,320,000	0	0	0	0	1	0	1	2	2	5	609,203	570,846	1,180,049
SPECIAL PROTECTION		9,800,000	9,800,000	0	0	0	0	0	0	0	1	1	2	0	257,415	257,415
SOCIAL POLICY, ADVOCACY & COMM.		2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		3,300,000	3,300,000	0	0	0	0	3	1	4	2	4	10	2,385,315	775,250	3,160,565
TOTAL OR		50,000,000	50,000,000	0	0	0	1	6	1	8	9	14	31	5,028,867	3,083,378	8,112,245
TOTAL RR & OR	36,288,000	50,000,000	86,288,000	0	0	3	6	8	2	19	16	43	78	13,542,484	7,153,483	20,695,967
SUPPORT BUDGET	Operating costs		2,195,919													
	Staffing			0	1	1	2	1	0	5	2	11	18	4,115,624	2,070,029	6,185,653
GRAND TOTAL (RR + OR + SB)				0	1	4	8	9	2	24	18	54	96	17,658,108	9,223,512	26,881,620
Number of posts and staff costs:																
Current programme cycle										15	18	49	82			
At the end of proposed programme cycle (indicative only)										24	18	54	96	17,658,108	9,223,512	26,881,620

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.